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|  | Metro Interpreter CenterEzzat Al Haidar, Coordinator 112 University Drive North Fargo, ND 58102 Cell ph: 701-630-0676 Fax: 701-526-3001 E-mail: mirc@culturaldiversityresourcesorg  |

**Interpreter Request Form**

|  |  |
| --- | --- |
| Hiring Agency Name: |   |
| Contact for this request: |   | Phone: |   |
| Billing Address: |   |
| Preferred gender of interpreter: | Male Female No preference |
|   |   |
| **APPOINTMENT INFO** |
| Appointment Date: | Appointment Time: | Appointment Length: |
| Facility Location (be specific): |   |
| Language/Dialect: |   |
| Other Preferences/ Specifications: |   |
| Notes: |   |
| Authorized Signature: |   |
| ***Your signature above indicates authorization to secure interpreting services and responsibility for payment on behalf of your company named above.* Please fax Interpreter Request Form to 701-526-3001 or email at** **mirc@culturaldiversityresources.org** |
| **Requires one full business day notice to cancel an assignment; otherwise, payment in full is expected.** |
| **BILL FOR SERVICE** |
| Date | Agency Staff Person | Hours:@ $ /hour | Total : $ |
| **The services described herein were provided in a satisfactory manner. Billing for service can proceed.** |

01/11